

**STATE OF WISCONSIN
DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES
BARBERING AND COSMETOLOGY EXAMINING BOARD**

EMPLOYMENT VERIFICATION
FOR INSTRUCTOR OR MANAGER APPLICANTS

APPLICANT NAME

APPLICANT WISCONSIN LICENSE TYPE AND NUMBER

This Employment Verification is intended for (check one):

___ Manager Examination:

Qualifications:

Either completes 4,000 hours of practice as a practitioner under the supervision of a licensed manager; or 2,000 hours of licensed practice as a practitioner and has completed 150 hours of manager instruction.

___ Instructor Examination:

Qualifications:

Either holds a manager license and has completed 150 hours of instructor training; or completes 2,000 hours of licensed practice and has completed 150 hours of instructor instruction.

I certify that the applicant named above was employed under my supervision from _____ to _____ for a total of _____ hours. I also certify that no hours earned on a temporary permit or as an apprentice are included and that only hours worked after the date the applicant's license was granted are included.

I, _____, Manager of Record, under the penalties of perjury, declare the foregoing statements are true to the best of my knowledge and belief, and that I personally signed this statement.

Manager
License
Number

Signature

Date

LICENSED BARBERING & COSMETOLOGY ESTABLISHMENT

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ESTABLISHMENT LICENSE #: _____

Mail completed form with application and fee(s) to:

**Prometric
ATTN: WICOS
1260 Energy Lane
St. Paul, MN 55108**